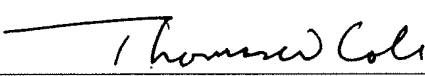


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|--|---|------------------------|----------------|
| <h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p> | | Application Number | 10/584,297 |
| | | Filing Date | June 23, 2006 |
| | | First Named Inventor | Emiko YOKOSE |
| | | Group Art Unit | 1797 |
| | | Examiner Name | Lyle Alexander |
| Total Number of Pages in This Submission | 2 | Attorney Docket Number | 740169-48 |

| ENCLOSURES (check all that apply) | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (<i>please identify below</i>): |
| Remarks | <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2478 for the above-identified docket number. | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | Thomas W. Cole, Reg. No. 28,290 Roberts Mlotkowski Safran & Cole, P.C. P.O. Box 10064 McLean, VA 22102 |
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| Date | September 24, 2009 |

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